# PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

Candidate or Committee Name (Do not abbreviate. Include full name)

## CAMPAIGN SUMMARY RECEIPTS & EXPENDITURES

C4

(2/16)

PDC OFFICE USE

DATE FILED PDC

COMMITTEE TO ELECT TIM SHELD	ON-SURPLUS FUNDS ACCOUNT DEC 09 2020
Mailing Address	City
P.O. BOK 474	HOODSPURT
Zip + 4 Office Sought (Candidates)  98548	*For PACs, Parties & Caucus Committees: During this report period, did the committee make an independent
Period /	Final Report? expenditure (i.e., an expense not considered a
Covered 10/1/2020 11/30/2020 RECEIPTS	Yes ☐ No X candidate?
	*See reverse Yes No No
	\$ 180,851.86
Cash received (From line 2, Schedule A)	<u>\$</u>
3. In kind contributions received (From line 1, Schedule B)	
4. Total cash and in kind contributions received this period (Line 2 plus 3)	
5. Loan principal repayments made (From line 2, Schedule L)	
6. Corrections (From line 1 or 3, Schedule C)	Show + or (-)
7. Net adjustments this period (Combine line 5 & 6)	
8. Total cash and in kind contributions during campaign (Combine lines 1,	487) 487,851.86
9. Total pledge payments due (From line 2, Schedule B)	
EXPENDITURES	
<ol> <li>Previous total cash and in kind expenditures (From line 17, last C-4)</li> <li>(If beginning a new campaign or calendar year, see instruction booklet)</li> </ol>	\$175,692.65
11. Total cash expenditures (From line 4, Schedule A)	
12. In kind expenditures (goods & services) (From line 1, Schedule B)	
13. Total cash and in kind expenditures made this period (Line 11 plus line	12)
14. Loan principal repayments made (From line 2, Schedule L)	
15. Corrections (From line 2 or 3, Schedule C)	Show + or (-)
16. Net adjustments this period (Combine lines 14 & 15)	Show + or (-)
17. Total cash and in kind expenditures during campaign (Combine lines 10	, 13 and 16) \$176, 045, 25
CANDIDATES ONLY  Name not  Name not	
	ine 8 minus line 17)
Primary election	our bank account balance(s) plus your petty cash balance.]
·	of loans and debts owed)
reasurer's Daytime Telephone No.:	or deficit) (Line 18 minus line 19)
300) 470 = 033 )	7 1, 8 3 3 3 7
ERTIFICATION: I certify that the information herein and on accompanying schedules a candidate's Signature Date Treat	and attachments is true and correct to the best of my knowledge.  Bute  Date
T: 5100	T = 5/00
1 cm sheden 12/8/2020	SEE INSTRUCTIONS ON REVERSE

SCHEDULE	Λ
to C4	(11/93)

Enter also on line 11 of C4\_352, 60

CASH	RECEIPTS	AND E	XPENDIT	URE			to C4	1/93)
	ommittee Name (Do not abbrevi	·						A contra
	ITTEE TO	ELECT			DON -	SURPLUS	FUNDS.	ACCOUNT
:/*	ECEIPTS (Contributions) wi	· 1		h deposit m				Tatal danagin
Date of dep	osit	Amount D	ate of deposit		Amount	Date of deposit	An	nount Total deposits
	13	0.0	3)			ř.		-
8							×	
2. TOTAL CA	ASH RECEIPTS					•	Enter also on line	2 of C4
The exce 1) If a 2) W 3) If a tio ea	FOR CLASSIFYING EX- expenditures are in-kind- e, identify the candidate- hen reporting payments expenditures are made of the conditures of the conditures of the column on the first line betternize each expenditures.	or earmarked or committee in to vendors for directly or indirectly or in	contributions to a can the Description blo travel expenses, ide ectly to compensate any information on an anulative total paid all attributions (monetary expendent Expenditure trature, Brochures, Padcast Advertising (I waspaper and Periodical er Advertising (yard er Signature Gatherianose from petty cash	ndidate or ock; ntify the traperson of attached persons trinting Radio, TV) cal Advertisigns, but ng	committee or aveller and tra- or entity for so sheet: name a o date to gath a transfers)	independent expenditures on the Diliciting signatures on and address of each er signatures.  P - Posta S - Surve F - Fundi T - Trave M - Mana W - Wag G - General Add up these expenditures.	escription block; and a statewide initiative person/entity compensage, Mailing Permits eys and Polls raising Event Expensation, Accommodations, Nagement/Consulting Ses, Salaries, Benefits and Operation and Over ditures and show the first serial operation and serial operation and show the first serial operation and serial operation and show the first serial operation and serial o	andidate or commit- or referendum peti- sated, amount paid es Meals Gervices
	For each payment to a ca of receipts/invoices supp Ven (Nar		ent. nt	advertisin Code	g agency or cr	Purpose of Exper and/or Description	nse	expenses or copies  Amount
N/A	Expen	ses of \$50 c	or less	N/A	5 9	N/A	h.	
/23/20		0/08 TX	75266	G	CEI	L PHONE		126,30
1/2	UNION GOS GRAYS BOX 859 AB	PEL MIS HARBOR ERDEEN	SION OF 98520	C	CENTR	IBUTION TO	NOW-PROFIT	100.00
11/23	VERIZON BOX 660 DALLAS	WIRELE 108 TX		G	•	PHONE	1	126,30
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9		-	58 58					
	<b>3</b> €0		2	E				
	V. (*)					Tota	I from attached pages	

PDC form C4A (11/93) \* 1

4. TOTAL CASH EXPENDITURES



### SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 110010723

03-02-2021

Candidate or Committee Name (Do not abbreviate. Include full name)

(SHELDON TIMOTHY M SUR	PLUS ACCT)						
Mailing Address PO BOX G				City HOODSPORT,	WA		
Zip + 4 98548	Office Sought (Candi	•	Election Date 2026			ucus Committees: During mittee make an independen	
Report Period From (last C-	4) To (end	d of period)	Final Report?	expenditure (i.e.,	an expense	not considered a contribution	
Covered 10/01/2	0 11/	/30/20	Yes No X	supporting or oppo	osing a state	e or local candidate?	
RECEIPTS				*See next page		Yes No	
Previous total cash and in kir (if beginning a new campaign	nd contributions (From n or calendar year, see	line 8, last C-4) instruction boo	klet)			\$ \$180,851.8	6
2. Cash received (From line 2, 9	Schedule A)			····· <u></u> \$	\$0.00		
3. In kind contributions received	I (From line 1, Schedul	e B)			\$0.00		
4. Total cash and in kind contrib	outions received this pe	eriod (Line 2 plu	ıs 3)			\$0.0	0
5. Loan principal repayments m					\$0.00		
6. Corrections (From line 1 or 3	, Schedule C)		Show + or	(-)	\$0.00		
7. Net adjustments this period (					=	\$0.0	0
8. Total cash and in kind contrib	outions during campaig	n (Combine line	es 1, 4 & 7)			\$180,851.8	6
9. Total pledge payments due (	From line 2, Schedule	B)	\$0.00				
EXPENDITURES							
<ol><li>Previous total cash and in kir (If beginning a new campaigr</li></ol>	nd expenditures (From n or calendar year, see	line 17, last C-4 instruction boo	1) klet)		<u>-</u>	\$175,692.6	5
11. Total cash expenditures (Fro	m line 4, Schedule A).				\$352.60		
12. In kind expenditures (goods a	& services) (From line	1, Schedule B)			\$0.00		
13. Total cash and in kind expen	ditures made this perio	od (Line 11 plus	line 12)		·····	\$352.6	0
14. Loan principal repayments m	ade (From line 2, Sche	edule L)			\$0.00		
15. Corrections (From line 2 or 3	, Schedule C)		Show + or	(-)	\$0.00		
16. Net adjustments this period (	Combine lines 14 & 15	i)		Sho	ow + or (-)	\$0.0	0
17. Total cash and in kind expen	ditures during campaig	ın (Combine line	es 10, 13 and 16)			\$176,045.2	5
CANDIDATES ONLY		CASH SUMMA		\		<b>†</b> 4 005 5	-
Won Lost U	Jnopposed on ballot		and (Line 8 minus line equal your bank account bal			\$4,806.6	_
Primary election		19. Liabilities:	(Sum of loans and de	ebts owed)		\$0.0	0
Treasurer's Daytime Telephone N					_		
(360)877-5768		20. Balance (S	urplus or deficit) (Line	e 18 minus line 19)		\$4,806.6	1
CERTIFICATION: I certify that the in		ccompanying sch			ne best of my		
Candidate's Signature	Date		Treasurer's Signatu	re		Date	
TIMOTHY M SHELDON	03/	02/21	TIMOTHY SHEL	DON		03/02/21	

### **CASH RECEIPTS AND EXPENDITURE**

SCHEDULE to C4

F	1
(11/	93)

Candidate or Committee Name (Do not abbreviate. Use full name.)

Report Date

ACCT)			10/01/20	11/30/20				
1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.								
Date of deposit	Amount	Date of deposit	Amount	Total deposits				
		Enter also	o on line 2 of C4	\$0.00				
1		ich have been reported on C3. List each dep	t Date of deposit Amount Date of deposit Date of deposit	nich have been reported on C3. List each deposit made since last C4 report was submitted				

CODES FOR CLASSIFYING EXPENDITURES: If one of the following codes is used to describe an expenditure, no other description is generally needed. The exceptions are:

- 1) If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or committee, identify the candidate or committee in the Description block;
- When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and 2)
- 3) If expenditures are made directly or indirectly to compensate a person or entity for soliciting signatures on a statewide initiative or referendum petition, use code "V" and provide the following information on an attached sheet: name and address of each person/entity compensated, amount paid each during the reporting period, and cumulative total paid all persons to date to gather signatures.

CODE **DEFINITIONS** ON NEXT PAGE

- C Contributions (monetary, in-kind & transfers)
- I Independent Expenditures
- L Literature, Brochures, Printing
- B Broadcast Advertising (Radio, TV)
- N Newspaper and Periodical Advertising O - Other Advertising (yard signs, buttons, etc.)
- V Voter Signature Gathering

- P Postage, Mailing Permits
- S Surveys and Polls
- F Fundraising Event Expenses
- T Travel, Accommodations, Meals
- M Management/Consulting Services
- W Wages, Salaries, Benefits

Enter also on line 11 of C4

\$352.60

G - General Operation and Overhead

#### 3. EXPENDITURES

4. TOTAL CASH EXPENDITURES

- a) Expenditures of \$50 or less, including those from petty cash, need not be itemized. Add up these expenditures and show the total in the amount column on the first line below..
- b) Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.
- c) For each payment to a candidate, campaign worker, PR firm, advertising agency or credit card company, attach a list of detailed expenses or copies of receipts/invoices supporting the payment.

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
N/A	Expenses of \$50 or less	N/A	N/A	
10/23/20	VERIZON WIRELESS PO BOX 660108 DALLAS, TX 75266		Cell phone	\$126.30
11/02/20	UNION GOSPEL MISSION OF GRAYS PO BOX 859 ABERDEEN , WA 98520		Contribution to non profit	\$100.00
11/23/20	VERIZON WIRELESS PO BOX 660108 DALLAS, TX 75266		Cell phone	\$126.30
			Total from attached pages	\$ \$0.00